Peer Support Implementation in DVA Mental Health Programs; Maximizing the Effectiveness of Mental Health Services in the Prevention of Suicide

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2011 DoD/VA Suicide Prevention Conference:
All the Way Home: Preventing Suicide Among Service Members and Veterans
Boston, MA
March 23, 2011

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Peer Support Technicians (PSTs)

- "Like addiction treatment counselors who themselves have experienced addiction, [PSTs]
- draw upon their lived experiences to share 'been there' empathy, insights, and skills. They serve as
- role models, inculcate hope, engage patients in treatment, and help patients access supportive programs, peers, and community resources."*

- More proactive way to deliver peer support

*Chinman et al 2008, Pgs 1315-16

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What are PSTs doing?

- 2010 online survey of 291 PSTs from 28 US states*
  - Peer support, encouragement of self-determination and personal responsibility, health and wellness, addressing hopelessness, communication with providers, illness management, addressing stigma in the community, developing friendships, leisure and recreation, education, transportation, and developing wellness recovery action plans
  - 60% Work at facility vs 30% in community
  - More 1-on-1 than group
  - Role greatly influenced by where CP is located

- Other roles: Case management, advocacy, mediation, mentoring, role modeling, education, counseling, assistance with meeting needs of daily living (housing and work)

*Salzer, Schwenk, Brusilovskiy (2010)

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PSTs & Patient Factors

Social isolation	Disconnection with ongoing outpatient treatment	Powerlessness & demoralization regarding illness
How Consumer Providers can help		
Enhance social networks by ➢role modeling ➢facilitating peer support activities	Engages patients; makes treatment more relevant through collaboration	Activates patients; teach coping and street smarts; provides hope through role modeling

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PSTs & System Factors

Overburdened providers	Fragmented services	Lack emphasis on recovery
How Consumer Providers can help		
Supplement existing treatment	Provide case management/ system navigation to increase access	Emphasize recovery -liaison -challenge stigma -community integration over symptom stabilization

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Yes, Virginia, there is an evidence base

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Center for Medicaid and State Operations

SMDL #07-011

August 15, 2007

Dear State Medicaid Director:

illnesses and/or substance use disorders. Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the

***There has been a recent review of peer support by the Department of Defense Center of Excellence for Behavioral Health and TBI which found VA's Peer Support Program among several others, including some military applications, to be a best practice.**

***Nisha Money MD, MPH, ABIHM et al, Best Practices Identified for Peer Support , Department of Defense Center of Excellence for Behavioral Health and TBI White Paper, January 2011**

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Yes, Virginia, there is an evidence base, part 2

Consumer providers more able to:

- empathize
- access social services
- appreciate clients' strengths
- be tolerant, flexible, patient, and persistent
- be aware of and responsive to clients' desires

Davidson L, Chinman M, Kloos B, Weingarten R, Stayner DA, & Tebes JK (1999). Peer support among individuals with severe mental illness: A review of the evidence. Clinical Psychology: Science and Practice, 6, 2, 165-187.

Simpson EL & House AO (2002). Involving users in delivery and evaluation of mental health services: Systematic Review. BMJ, 325, 1265-67

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Review of PST Evidence

- RCTs – compared patients served by CM teams with and without PSTs
  - positive impact
    - Clarke et al., 2000 - Patient of peers had more time in community and less inpatient use
    - Sells et al., 2006 – Patients of peers had better treatment engagement
  - no impact
    - Solomon and Draine, 1995
    - O'Donnell et al., 1999
    - Rivera et al., 2007

- Quasi-exp studies - compared patients served by CM teams with and without PSTs
  - positive impact
    - Felton et. al, 1995 - More satisfied with life situation, $$; less life problems; more Tx engagement
    - Klein et al., 1998 - Fewer inpatient days, better social functioning, some quality of life improvements
    - Craig et al., 2004 - Better Tx engagement and unmet needs
    - Min et al., 2007 –Patients receiving peer services had more time in the community, less inpatient use
  - no impact
    - Chinman et al., 2001
    - Schmidt et al., 2008

- Correlational/Descriptive studies
  - positive impact
    - Landers and Zhou, 2009 – Patients of peer workers had more crisis use, but less inpatient use
    - Cook et al., 2010 – Participants improved in their hopefulness and recovery planning actions
  - no impact
    - Chinman et al., 2000

WHY ....
Use peers in a mental health setting?

Because of the benefit to the MH Staff:

- Peers who work alongside, or collaborate with, staff provide living proof that recovery is possible, which leads to increased staff morale.

- Peers can free up professional staff to do other tasks that can only be performed by licensed professionals

WHY ….
Use peers in a mental health setting?

- Peers' personal experiences can be a valuable asset to the clinical staff. MH services are enhanced, extended, and infused with hope and self-determination.
- Peers can provide insights into the strengths and weaknesses within a MH system, and help develop ideas for making changes.

(Ashcraft and Anthony, 2007)

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Background in VA

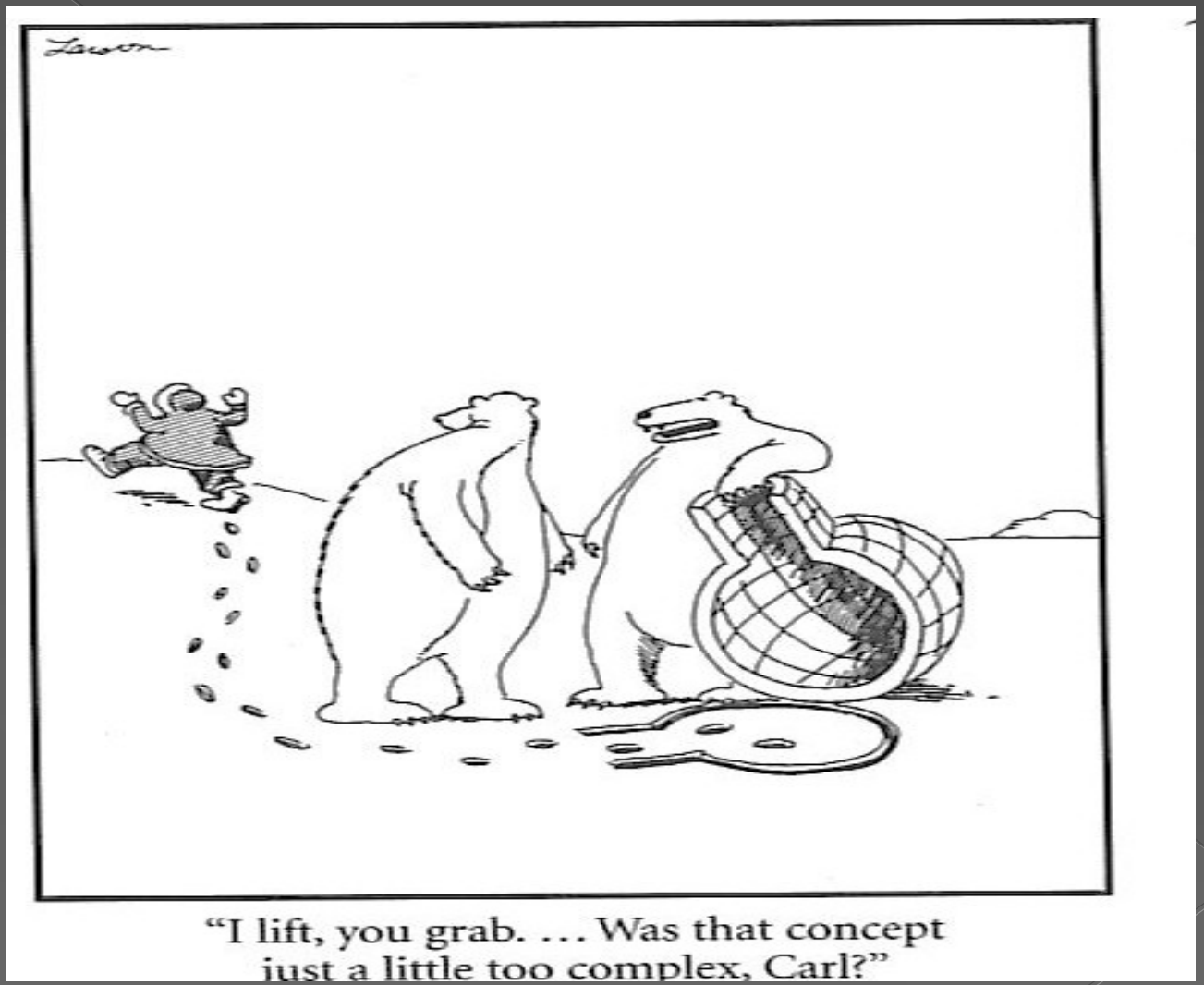
- VA mental health system transforming toward recovery (New Freedom, 2003; VA Mental Health Strategic Plan, 2004), includes Consumer Provider/Peer Support Technicians
- Office of Mental Health Services support
  - Some initial funding (2005), PDs, yearly conferences (2007 on), national conference calls, Listservs, implementation checklists
  - **VHA HANDBOOK 1160.01 June 11, 2008**
    - e. **Peer Support: "**(1) All veterans with SMI must have access to Peer Support Services, either on-site or within the community."
- Key issue often overlooked: local implementation
  - "John Marshall has made his decision; now let him enforce it!" –President Andrew Jackson

Survey of Staffing April '08 and April '10
Peer Support Technician Positions and Volunteers/WOCs ~ 100 VA Medical Centers

Programs	FTEE 2008	2010	
	PSTs	PSTs	Vol/WOC*
PRRC & DTC	46.3	78	7
Residential, Dom Programs (Includes MHRRTP, CWT-TR and SARTPs)	21	55	8
MHICM	18.75	18	3
Homeless (Includes 6 PHLAG Programs)	17	15	7
Outpatient Mental Health	10.5	31	65
Substance Use Disorder	8	12	5
CWT	4.5	10	7
Inpatient Psychiatry	1	7	12
Total:	**127.05**	**237**	**139**

**According to an informal survey conducted by Dr. Kathy Dohoney in 2009, there were approximately 40 VAs with about 90 reported volunteer peer support staff. About 39 VAs also had Vet-to-Vet groups.*

Implementation Perspective



"I lift, you grab. . . . Was that concept just a little too complex, Carl?"

Stakeholder Analysis: Methods

- Before: 11 focus groups (38 VA patients, 63 VA providers), Interviews with 9 VA & 6 non-VA administrators
- After: At national conference a year after the start of the VA's PST initiative: 4 focus groups (59 VA PSTs and 34 VA supervisors from across the US)
- Concerns/challenges about deploying PSTs
- Coded verbatim transcripts of groups and interviews using grounded theory to generate themes

Stakeholder Analysis: Results

Before*

- All VA stakeholders: PSTs can have important, supportive role
- Providers had strong concerns
- To be successful, need clear role, >2 PSTs, strong training & supervision, livable wages

After**

- Transitioning from Patient to Provider challenging
  - Need to demonstrate utility and define their role
  - Complicated dual relationships
  - Existing staff were sometimes wary, insensitive
- System issues
  - Lack of knowledge of PST role among HR, admin, teams
  - Low wages
- Supports
  - Wanted more supervision, training, time with other peers

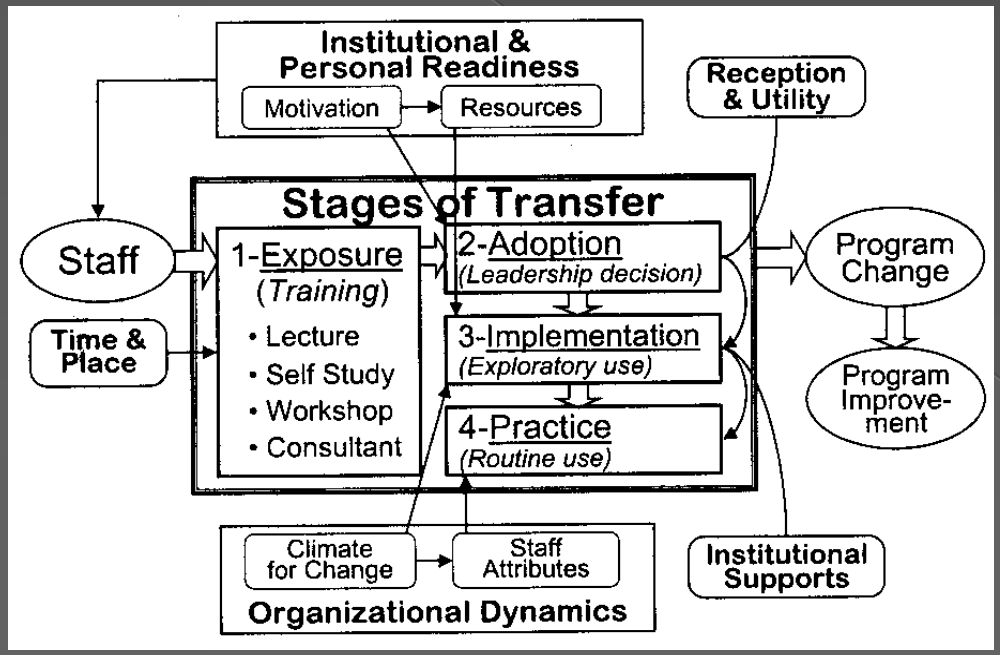
*Chinman et al., 2006; **Chinman et al., 2008

PEER Project Implementation

- RCT to assess impact of using PSTs on MHICM teams
  - PST teams: W. Los Angeles, Long Beach, Sepulveda
  - Control teams: San Diego, Loma Linda, Las Vegas
- Address implementation barriers found in VA*
  - Provide significant training and supervision
  - Hired from pool of Vet-to-Vet trained consumers
  - Make role concrete (IMR)
  - Place on MHICM teams (best evidence to date)
  - Use **Simpson Transfer Model** to guide rollout

*Chinman, Shoai, Cohen (2010)

Used organizational change model to guide PST implementation



- Simpson Transfer Model's* four action stages:
  1. Exposure: Training, Q&A
  2. Adoption: Opinion leaders, decision to adopt
  3. Implementation: Planning w/local stakeholders, tailoring, piloting
  4. Practice: Monitoring, refining

*Simpson (2002)

STM: Exposure

- We educated the MHICM staff and helped them begin to appreciate the potential contributions of veterans living with mental illnesses.
- Multiple presentations to MHICM teams
  - answered questions about PSTs' potential benefits, research evidence and typical roles
  - Initial questions reflected a misunderstanding of PSTs
  - Later questions showed improved understanding

STM: Adoption

- Individual discussions continued with each MHICM team leader
  - broad outline of the PST role
  - number of PSTs per team
  - Use of PEER funding
- Three MHICM team leaders randomized to intervention formally agreed to participate in the PEER project by having PSTs join their teams as staff

STM: Implementation

- WLA: a PST “implementation team” was formed consisting of the MHICM team leader, two senior and influential case managers, and the project PI (MC).
  - met twice to tailor the PST role to their team, with the project PI serving in a facilitator role
- LB/Sep: Held a long planning meeting with each team’s staff in which all the aspects of the PST deployment is collaboratively planned, with the project PI serving in a facilitator role

STM: Implementation

- Tailor PST role: Go through several key dimensions of the PST job
  - Talk about your team's preferences
  - Review available documentation
    - Official PST position description (handout)
    - Unofficial Peer Support Handbook
  - Reach a decision weighing all the above

STM: Implementation

- Goals for Employing PSTs
- Desired Characteristics
  - Experience Level
  - Serious Mental Illness
  - Substance Use
  - Hospital History
  - Former MHICM Patients
  - Drivers License
- Job Duties
- Access to Medical Records
- Supervision
- Boundaries
- Confidentiality
- Disclosure of Mental Illness
- Sick Leave
- Training
  - Provided by Contractors
  - Provided by MHICM staff
  - Provided by PEER Staff
  - Shadowing

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STM: Implementation

- Provided Summary of Decisions
- Collaboratively recruited, interviewed, decided
- 6 PSTs hired to date
  - Just finished implementing, now gathering data

STM: Practice

- Use monitoring and feedback to support performance
  - monthly meetings with the MHICM team leader
  - weekly PEER supervision of the PST
  - weekly supervision with the ACT Center of Indiana staff (that tapered to monthly after four months)
  - two annual site visits made by the ACT Center of Indiana staff regarding fidelity to the IMR model
  - two site visits made by the PEER PI

Conclusions

- Stakeholder involvement before and during is key
- Model like STM is a helpful roadmap
- Facilitation AND local input needed
- Adequate time is needed
- Formalized planning helpful

Can Peer Support Services Help Prevent Suicides?

- Risk Factors Influencing Suicide

Mental Illness

Substance Use

Situation

- Peer Factors Mitigating Suicide

Peer Support

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Mental Illnesses

1. **Major Depression**
2. **Substance Use Disorder/Dual Dx**
3. **Schizophrenia**
4. **Bi-Polar Disorder**

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Substance Use

Major Depression is 50% More Common Among Persons Dependent on Alcohol

50% Suicide Attempts Involve Alcohol and Illegal Drugs

25% Who Complete Suicide Involve Alcohol and Illegal Drugs

Drugs, Alcohol, and Tobacco.
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Substance Use

Alcohol and Drug Abuse Among Younger Military Age Common

Younger Military Age Common to Drink Alcohol or Experiment with Drugs with Others

Veterans More Likely to Congregate With Other Veterans

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Situational Risk Factors

- Prior Suicide Attempt
- Unemployment
- Recent Divorce or separation, death of loved one
- Lack of Family Support/Living Alone
- Access to Weapons (Those with PTSD more likely to commit violent suicide)
- Current Use of alcohol and/or drugs

http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml

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Can Peer Support Services Help Prevent Suicides?

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Peer Support

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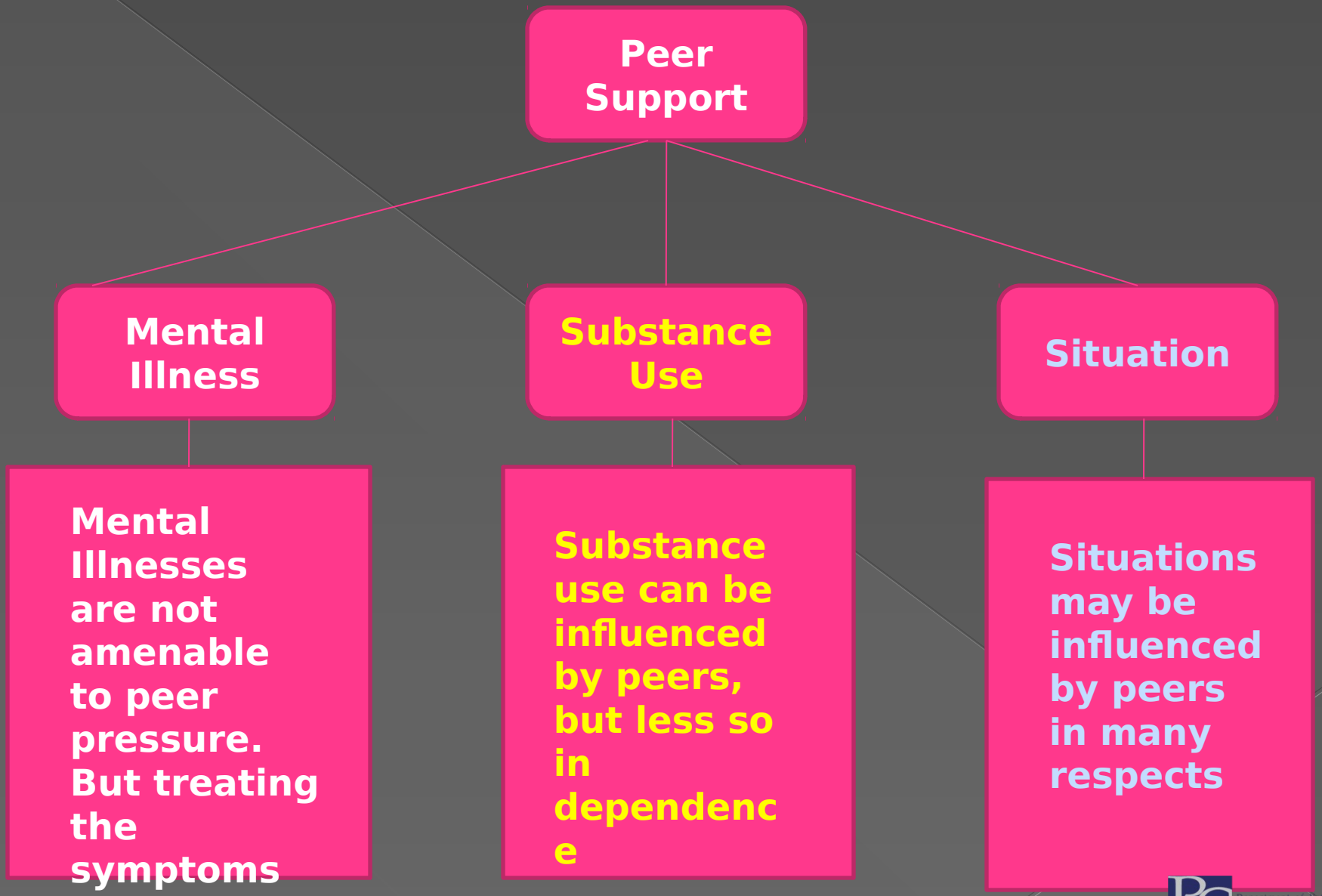
Can Peer Support Influence Risk Factors ?


Peer Support
Mental Illness
Substance Use
Situation
Mental Illnesses are not amenable to peer pressure. But treating the symptoms are.
Substance use can be influenced by peers, but less so in dependence
Situations may be influenced by peers in many respects

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Situational Risk Factors

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How Has It Worked?

I met a Veteran at a conference once who told me he had a psychiatric illness and was a peer specialist in Texas. Here is how our previous training and social stereotypes can hamper our expectations and limit needed peer services to Veterans:

- He was older (Viet Nam era). I thought– how would these younger guys coming home from Iraq and Afghanistan relate to an older Vet?
- He was Hispanic. I thought-- probably not that many Hispanic guys would come in for help.
- He had a prosthesis and limped from a battle wound in Viet Nam. I thought-- would guys stigmatize this guy because of his physical disability?
- He had no formal education. I thought-- how would he know what to say to a troubled Veteran?
- He was very passionate about helping other Veterans. I thought-- "Nice guy, but what would he really be able to do?"
- I later received this e-mail from a therapist at the Harker Heights Vet Center in Texas about this peer specialist.

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http://vaww.national.cmop.va.gov/MentalHealth/Peer%20Support%20Services/Form

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